MEETING NOTICE

Student:	Today's Date:S		hool:		
Proposed Date: Tindiscuss:	ne:Location:			of meeting to	
Purpose of meeting is to consider:					
[] Eligibility determination		[] Manifestation	n Determination		
[] Functional Behavioral Assessment		+	terim Alternative Ed. Settings (IAES)		
[] Address Behavior Needs		[] Transition Se	nsition Services		
[] Development of IEP		[] Reevaluation			
[] Review And Revision of IEP		[] Extended Scl	ended School Year services		
[] Change Placement		[] Other			
We anticipate that the following individuals will be meeting with us:					
F T T T T T T T T T T T T T T T T T T T			ame		
School Representative					
Regular Education Teacher					
Special Education Teacher					
Evaluator (as appropriate)					
Student (as appropriate/Transition)					
Agency Representative					
Other					
response regarding the meeting for (student): [] I will attend the meeting on (date): at (time): on (date) at (phone number) [] I am unable to attend on this date. I suggest meeting on (date): at (phone):					
Please return this form to:					
Name: Phone:					
Procedural Safeguards Attached:	(Initia	ls/Date)			
Date:	Date:		Date:		
Contact Type:	Contact Type:		Contact Type:		

DOCUMENTED ATTEMPTS